

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MG</i>		6/15/00
O.I.P.E. CLASSIFIER		49	6/21/00
FORMALITY REVIEW	<i>DeKalle</i>	TC 826	08/01/00
RESPONSE FORMALITY REVIEW	<i>MS</i>	854	11-5-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/16/02
2	✓	✓	11/16/02
4	✓	✓	11/16/02
5	✓	✓	11/16/02
6	✓	✓	11/16/02
7	✓	✓	11/16/02
8	✓	✓	11/16/02
9	✓	✓	11/16/02
10	✓	✓	11/16/02
11	✓	✓	11/16/02
12	✓	✓	11/16/02
13	✓	✓	11/16/02
14	✓	✓	11/16/02
15	✓	✓	11/16/02
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If more than 150 claims or 10 actions  
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